



STATE OF MICHIGAN
TERRI LYNN LAND, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

Dear Driver Education Provider:

You recently requested a form to file a change of partner, officer, director, or designated representative or coordinator for your program, or we have determined that such a change has occurred. You must submit the following as applicable to your situation:

1. *Driver Education Provider – Change of Partner, Officer, Director, Designated Representative or Coordinator* form (DES-026): Please complete all items. Note: Item 4 must list all current partners, officers, or directors including new applicants. Check the box indicating which applicants are new. Items 5 and 6 must be completed for each new applicant. All current partners, officers, or directors, including the new applicants, must sign Item 6.
2. Rider for *Driver Education Provider Surety Bond*: (Applies only to partnerships.) A bond rider must be submitted listing all current partners and showing the correct assumed name (d/b/a) and business address.
3. New Assumed Name Filing: (Applies only to partnerships.) A new assumed name or d/b/a filing listing all current partners and showing the correct business address must be submitted. The assumed name filing must be obtained from the County Clerk for the county in which your program is located.
4. Each new applicant listed in Items 3 and 4 must be fingerprinted. A private vendor performs this service. Fingerprints are taken by appointment only. You may schedule an appointment by telephoning 1-866-226-2952 or visiting **mi.ibtfingerprint.com**. Take the *Live Scan Fingerprint Request* form (DES-025) included in this packet to that appointment.

All fees associated with fingerprinting will be collected at the time of the fingerprinting appointment. You will receive a signed receipt as proof of fingerprinting. Please include a copy of that signed receipt when you submit your completed *Driver Education Provider – Change of Partner, Officer, Director, Designated Representative or Coordinator* form.

Carefully complete the form and return it with the fingerprint receipt, the bond rider, and assumed name filing (if applicable). Please remember that the owners'/partners' names, business name, and business address must be exactly the same on all documents.

RETURN TO: Michigan Department of State
Licensing Unit
Lansing, MI 48918

Enclosures

7/2008